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APPLICANTS

Jeffrey H. Dreibelbis, Williston, VT;
 Kevin W. Gorman, Milton, VT;
 Michael R. Nelms, Williston, VT;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VT	2	35	5

ADDRESS

FREDERICK W. GIBB, III
 Gibb & Rahman, LLC
 2568-A RIVA ROAD
 SUITE 304
 ANNAPOLIS, MD 21401
 UNITED STATES

TITLE

REMOTE BIST HIGH SPEED TEST AND REDUNDANCY CALCULATION

FILING FEE RECEIVED 1212	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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